

<b>COMBINED DECLARATION &amp; POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	11320-1
		First Named Inventor	Mario Béland
<b>COMPLETE IF KNOWN</b>			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing		<input type="checkbox"/> Declaration Submitted After Initial Filing (37 CFR 1.16(e) Required)	
OR			

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Improved Sterilisable Probe for Extraction of Volatile Compounds in  
Liquids and Their Quantitative Determination**

the specification of which

is attached hereto OR

as filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	No
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplementary priority data sheet (PTO/SB/02B) attached hereto:

REÇU LE 29 JAN. 2002

**COMBINED DECLARATION & POWER OF ATTORNEY-**  
**Utility or Design Patent Application**

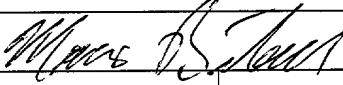
Attorney Docket No. 11320-1

I hereby appoint Practitioners at Customer Number **25277**

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to: J. Wayne Anderson, Regn No: 28,158  
 National Research Council of Canada  
 Intellectual Property Services Office  
 EG-10, Bldg. M-58, Montreal Road  
 Ottawa, Ontario, Canada K1A 0R6  
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I hereby declare that all statements made herein of my own knowledge are true and that all statements were made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <b>Mario</b>		Family Name or Surname <b>Béland</b>		
Inventor's Signature 		Date <b>30-01-2002</b>		
Residence: City	<b>Laval</b>	State	<b>Québec</b>	Country
Canada				
Citizenship <b>Canada</b>				
Mailing Address <b>4080 Olivier</b>				
City	<b>Laval</b>	State	<b>Québec</b>	ZIP
<b>H7R 5X3</b>				
Country <b>Canada</b>				
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State		Country
Citizenship				
Mailing Address				
City		State		ZIP
Country				
<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State		Country
Citizenship				
Mailing Address				
City		State		ZIP
Country				
<input type="checkbox"/> Additional Inventors are being named on the supplemental Additional Inventors sheet PTO/SB/02A attached hereto.				